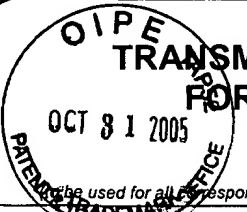
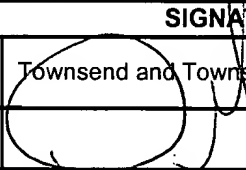
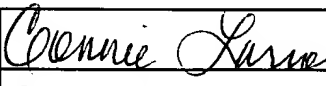


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PTO/SB/21 (09-04)

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|---|------------------------|--------------------|
|  <p>to be used for all correspondence after initial filing</p> | Application Number | 09/720,591 |
| | Filing Date | December 22, 2000 |
| | First Named Inventor | Shalev, Doron |
| | Art Unit | 2681 |
| | Examiner Name | Robert C. Scheibel |
| | Attorney Docket Number | 020270-000100US |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Townsend and Townsend and Crew LLP | |
| Signature |  | |
| Printed name | Darin J. Gibby | |
| Date | October 26, 2005 | Reg. No. 38,464 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
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| Typed or printed name | Connie Larson | Date | October 26, 2005 |

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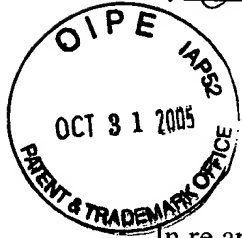
On Oct. 26, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson

PATENT

Attorney Docket No.: 020270-000100US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Doron Shalev

Application No.: 09/720,591

Filed: December 22, 2000

For: TWO-WAY GROUP
COMMUNICATION SYSTEM

Customer No.: 20350

Confirmation No. 2346

Examiner: Robert C. Scheibel

Technology Center/Art Unit: 2681

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Restriction Requirement mailed September 27, 2005.

In response to a Restriction Requirement, Applicants here by elect the claims of Group III, i.e., claims 57-91. This election is made without traverse.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.